



Division of Motor Vehicles  
UTAH STATE TAX COMMISSION  
210 North 1950 West Salt Lake City, Utah 84134  
Telephone (801) 297-7780 or 1-800-DMV-UTAH

TC-569A MVA Rev. 9/01

## Ownership Statement

Owner Information		Address Information	
Primary Owner's Name (Last, First, Middle Initial)		Street Address	
Secondary Owner's Name (Last, First, Middle Initial)		City	State ZIP Code
Business Name	FEIN	P.O. Box	
Fleet Number	Unit Number	City	State ZIP Code
VIN/HIN	Year	Make	Model
State last registered	License number	Utah Certificate of Title number	

### Odometer Disclosure - Required

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(Enter odometer miles - no tenths)

- ☐ Reflects the actual mileage for this vehicle  
☐ Reflects the amount of mileage in excess of the odometer mechanical limits  
☐ Is not the actual mileage for this vehicle **Warning - Odometer discrepancy**

Name of applicant	Date of vehicle possession
Address (include city, state, and ZIP Code)	

### Value of Vehicle

(If the fair market value of the vehicle exceeds \$1,000, a surety bond may be required, not to exceed twice the fair market value of the vehicle.)  
\$

### Facts and Indemnification Agreement

Name or company from whom the vehicle was acquired
Address (include city, state, and ZIP Code)

Explain why outstanding certificate of title was not obtained or why the attached title is not negotiable. Explain in detail how and why you acquired the vehicle, who was involved, when did you acquire the vehicle, working condition of the vehicle, etc.

#### Warning, Fraudulent application and falsification of documents is a felony under Utah Law.

Under penalties of perjury, I declare that to the best of my knowledge and belief, this statement is true, correct, and complete. I further state that to the best of my knowledge, the vehicle is free and clear of any liens, encumbrances, lawful claims, demands of any person, and is not involved in any existing or pending litigation. I agree to indemnify the Utah State Tax Commission and all persons acting under direction of the Commission, from any and all liability and shall defend all litigation that may arise as a result of the issuance of a certificate of title in my name.

Signature of applicant	Date
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### NCIC Check Performed

<input type="checkbox"/> Yes	<input type="checkbox"/> No	TX ID	Date
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